EXHIBIT 8 (part 3)

The following categories of eligibility are included and excluded under Georgia Families:

Included Categories of Eligibility (COE):	
COE	**DESCRIPTION**
104	LIM – Adult
105	LIM – Child
118	LIM – 1st Yr Trans Med Ast Adult
119	LIM – 1st Yr Trans Med Ast Child
122	CS Adult 4 Month Extended
123	CS Child 4 Month Extended
135	Newborn Child
170	RSM Pregnant Women
171	RSM Child
180	P4HB Inter Pregnancy Care
181	P4HB Family Planning Only
182	P4HB ROMC - LIM
183	P4HB ROMC - ABD
194	RSM Expansion Pregnant Women
195	RSM Expansion Child < 1 Yr
196	RSM Expn Child w/DOB < = 10/1/83
197	RSM Preg Women Income < 185 FPL
245	Women's Health Medicaid
471	RSM Child
506	Refugee (DMP) – Adult
507	Refugee (DMP) – Child
508	Post Ref Extended Med – Adult
509	Post Ref Extended Med – Child
510	Refugee MAO – Adult
511	Refugee MAO – Child
571	Refugee RSM - Child
595	Refugee RSM Exp. Child < 1
596	Refugee RSM Exp Child DOB </= 10/01/83
790	Peachcare < 150% FPL
791	Peachcare 150 – 200% FPL
792	Peachcare 201 – 235% FPL
793	Peachcare > 235% FPL
835	Newborn
836	Newborn (DFACS)
871	RSM (DHACS)
876	RSM Pregnant Women (DHACS)
894	RSM Exp Pregnant Women (DHACS)
895	RSM Exp Child < 1 (DHACS)
897	RSM Pregnant Women Income > 185% FPL (DHACS)
898	RSM Child < 1 Mother has Aid = 897 (DHACS)

Included Categories of Eligibility (COE):	
COE	**DESCRIPTION**
918	LIM Adult
919	LIM Child
920	Refugee Adult
921	Refugee Child

Excluded Categories of Eligibility (COE):	
COE	**DESCRIPTION**
124	Standard Filing Unit – Adult
125	Standard Filing Unit – Child
131	Child Welfare Foster Care
132	State Funded Adoption Assistance
147	Family Medically Needy Spend down
148	Pregnant Women Medical Needy Spend down
172	RSM 150% Expansion
180	Interconceptional Waiver
210	Nursing Home – Aged
211	Nursing Home – Blind
212	Nursing Home – Disabled
215	30 Day Hospital – Aged
216	30 Day Hospital – Blind
217	30 Day Hospital – Disabled
218	Protected Med/1972 Cola - Aged
219	Protected Med/1972 Cola – Blind
220	Protected Med/1972 Cola - Disabled
221	Disabled Widower 1984 Cola - Aged

Excluded Categories of Eligibility (COE):	
COE	**DESCRIPTION**
222	Disabled Widower 1984 Cola – Blind
223	Disabled Widower 1984 Cola – Disabled
224	Pickle - Aged
225	Pickle – Blind
226	Pickle – Disabled
227	Disabled Adult Child - Aged
227	Disabled Adult Child - Aged
229	Disabled Adult Child – Disabled
230	Disabled Widower Age 50-59 – Aged
231	Disabled Widower Age 50-59 – Blind
232	Disabled Widower Age 50-59 – Disabled
233	Widower Age 60-64 – Aged
234	Widower Age 60-64 – Blind
235	Widower Age 60-64 – Disabled
236	3 Mo. Prior Medicaid – Aged
237	3 Mo. Prior Medicaid – Blind
238	3 Mo. Prior Medicaid – Disabled
239	Abd Med. Needy Defacto – Aged
240	Abd Med. Needy Defacto – Blind
241	Abd Med. Needy Defacto – Disabled
242	Abd Med Spend down – Aged
243	Abd Med Spend down – Blind
244	Abd Med Spend down – Disabled

Excluded Categories of Eligibility (COE):	
COE	**DESCRIPTION**
246	Ticket to Work
247	Disabled Child – 1996
250	Deeming Waiver
251	Independent Waiver
252	Mental Retardation Waiver
253	Laurens Co. Waiver
254	HIV Waiver
255	Cystic Fibrosis Waiver
259	Community Care Waiver
280	Hospice – Aged
281	Hospice – Blind
282	Hospice – Disabled
283	LTC Med. Needy Defacto – Aged
284	LTC Med. Needy Defacto –Blind
285	LTC Med. Needy Defacto – Disabled
286	LTC Med. Needy Spend down – Aged
287	LTC Med. Needy Spend down – Blind
288	LTC Med. Needy Spend down – Disabled
289	Institutional Hospice – Aged
290	Institutional Hospice – Blind
291	Institutional Hospice – Disabled
301	SSI – Aged
302	SSI – Blind

Excluded Categories of Eligibility (COE):	
COE	**DESCRIPTION**
303	SSI – Disabled
304	SSI Appeal – Aged
305	SSI Appeal – Blind
306	SSI Appeal – Disabled
307	SSI Work Continuance – Aged
309	SSI Work Continuance – Disabled
308	SSI Work Continuance – Blind
315	SSI Zebley Child
321	SSI E02 Month – Aged
322	SSI E02 Month – Blind
323	SSI E02 Month – Disabled
387	SSI Trans. Medicaid – Aged
388	SSI Trans. Medicaid – Blind
389	SSI Trans. Medicaid – Disabled
410	Nursing Home – Aged
411	Nursing Home – Blind
412	Nursing Home – Disabled
424	Pickle – Aged
425	Pickle – Blind
426	Pickle – Disabled
427	Disabled Adult Child – Aged
428	Disabled Adult Child – Blind
429	Disabled Adult Child – Disabled

Excluded Categories of Eligibility (COE):	
COE	**DESCRIPTION**
445	N07 Child
446	Widower – Aged
447	Widower – Blind
448	Widower – Disabled
460	Qualified Medicare Beneficiary
466	Spec. Low Inc. Medicare Beneficiary
575	Refugee Med. Needy Spend down
660	Qualified Medicare Beneficiary
661	Spec. Low Income Medicare Beneficiary
662	Q11 Beneficiary
663	Q12 Beneficiary
664	Qua. Working Disabled Individual
815	Aged Inmate
817	Disabled Inmate
870	Emergency Alien – Adult
873	Emergency Alien – Child
874	Pregnant Adult Inmate
915	Aged MAO
916	Blind MAO
917	Disabled MAO
983	Aged Medically Needy
984	Blind Medically Needy
985	Disabled Medically Needy

HEALTH CARE PROVIDERS

For information regarding the participating health plans (enrollment, rates, and procedures), please call the numbers listed below.

Prior to providing services, you should contact the member's health plan to verify eligibility, PCP assignment and covered benefits. You should also contact the health plan to check prior authorizations and submit claims.

Amerigroup Community Care	CareSource	Peach State Health Plan	WellCare of Georgia
800-454-3730 (general information) www.amerigroup.com	1-855-202-1058 www.careSource.com / GeorgiaMedicaid	866-874-0633 (general information) 866-874-0633 (claims) 800-704-1483 (medical management) www.pshpgeorgia.com	866-231-1821 www.wellcare.com

Registering immunizations with GRITS:
If you are a Vaccine for Children (VFC) provider, please continue to use the GRITS (Georgia Immunization Registry) system for all children, including those in Medicaid and PeachCare for Kids®, fee-for-service, and managed care.

Important tips for the provider to know/do when a member comes in:

Understanding the process for verifying eligibility is now more important than ever. You will need to determine if the patient is eligible for Medicaid/PeachCare for Kids® benefits and if they are enrolled in a Georgia Families health plan. Each plan sets its own medical management and referral processes. Members will have a new identification card and primary care provider assignment.

You may also contact DXC at 1-800-766-4456 (statewide) or www.mmis.georgia.gov for information on a member's health plan.

Use of the Medicaid Management Information System (MMIS) web portal:

The call center and web portal will be able to provide you information about a member's Medicaid eligibility and health plan enrollment. DXC will **not** be able to assist you with benefits, claims processing or prior approvals for members assigned to a Georgia Families health plan. You will need to contact the member's plan directly for this information.

Participating in a Georgia Families' health plan:

Each health plan will assign provider numbers, which will be different from the provider's Medicaid provider number and the numbers assigned by other health plans.

Billing the health plans for services provided:

For members who are in Georgia Families, you should file claims with the member's health plan.

If a claim is submitted to DXC in error:

DXC will deny the claim with a specific denial code. Prior to receiving this denial, you may go ahead and submit the claim to the member's health plan.

Credentialing

Effective August 1, 2015, Georgia's Department of Community Health (DCH) implemented a NCQA certified Centralized Credentialing Verification Process utilizing a Credentialing Verification Organization (CVO). This functionality has been added to the Georgia Medicaid Management Information System (GAMMIS) website (www.MMIS.georgia.gov) and has streamlined the time frame that it takes for a provider to be fully credentialed.

Credentialing and recredentialing services is provided for Medicaid providers enrolled in Georgia Families and/or the Georgia Families 360° program.

This streamlined process results in administrative simplification thereby preventing inconsistencies, as well as the need for a provider to be credentialed or recredentialed multiple times.

The CVO's one-source application process:

- Saves time
- Increases efficiency
- Eliminates duplication of data needed for multiple CMOs
- Shortens the time period for providers to receive credentialing and recredentialing decisions

The CVO will perform primary source verification, check federal and state databases, obtain information from Medicare's Provider Enrollment Chain Ownership System (PECOS), check required medical malpractice insurance, confirm Drug Enforcement Agency (DEA) numbers, etc. A Credentialing Committee will render a decision regarding the provider's credentialing status. Applications that contain all required credentialing and recredentialing materials at the time of submission will receive a decision within 45 calendar days. Incomplete applications that do not contain all required credentialing documents will be returned to the provider with a request to supplement all missing materials. Incomplete applications may result in a delayed credentialing or recredentialing decision. The credentialing decision is provided to the CMOs.

HP provider reps will provide training and assistance as needed. Providers may contact HP for assistance with credentialing and recredentialing by dialing 1-800-766-4456.

Assignment of separate provider numbers by all of the health plans:

Each health plan will assign provider numbers, which will be different from the provider's Medicaid provider number and the numbers assigned by other health plans.

Billing the health plans for services provided:

For members who are in Georgia Families, you should file claims with the member's health plan.

If a claim is submitted to DXC in error:

DXC will deny the claim with a specific denial code. Prior to receiving this denial, you may go ahead and submit the claim to the member's health plan.

Receiving payment:

Claims should be submitted to the member's health plan. Each health plan has its own claims processing and you should consult the health plan about their payment procedures.

Health plans payment of clean claims:

Each health plan (and subcontractors) has its own claims processing and payment cycles. The claims processing and payment timeframes are as follows:

Amerigroup Community Care	**CareSource**	**Peach State Health Plan**	**WellCare of Georgia**
Amerigroup runs claims cycles twice each week (on Monday and Thursday) for **clean** claims that have been adjudicated. Monday Claims run: Checks mailed on Tuesday. Providers enrolled in ERA/EFT receive the ACH on Thursday. Thursday Claims run: Checks mailed on Wednesday. Providers enrolled in ERA/EFT receive the ACH on Tuesday. **Dental:** Checks are mailed weekly on Thursday for **clean** claims. **Vision**: Checks are mailed weekly on Wednesday for **clean** claims (beginning June 7th) **Pharmacy**: Checks are mailed to pharmacies weekly on Friday (except when a holiday falls	CareSource runs claims cycles twice each week on Saturdays and Tuesdays for clean claims that have been adjudicated. Pharmacy: Payment cycles for pharmacies is weekly on Wednesdays.	Peach State has two weekly claims payment cycles per week that produces payments for **clean** claims to providers on Monday and Wednesday. For further information, please refer to the Peach State website, or the Peach State provider manual.	WellCare runs claims payment cycles up to six (6) times each week for **clean** claims. For further information, please refer to the WellCare website, the WellCare provider manual, or contact Customer Service at 866-231-1821

Amerigroup Community Care	CareSource	Peach State Health Plan	WellCare of Georgia
on Friday, then mailed the next business day)			

How often can a patient change his/her PCP?

Amerigroup Community Care	CareSource	Peach State Health Plan	WellCare of Georgia
Anytime	Members can change their PCP one (1) time per month. However, members can change their PCP at any time under extenuating circumstances such as: • Member requests to be assigned to a family member's PCP • PCP does not provide the covered services a member seeks due to moral or religious objections • PCP moves, retires, etc.	Within the first 90 days of a member's enrollment, he/she can change PCP monthly. If the member has been with the plan for 90 days or longer, the member can change PCPs once every six months. There are a few exclusions that apply and would warrant an immediate PCP change.	Members can change PCPs for any reason within the first 90 days of their enrollment. After the first 90 days, members may change PCPs once every six months.

Once the patient requests a PCP change, how long it takes for the new PCP to be assigned:

Amerigroup Community Care	CareSource	Peach State Health Plan	WellCare of Georgia
Next business day	PCP selections are updated in CareSource's systems daily.	PCP changes made before the 24th day of the month and are effective for the current month. PCP changes made after the 24th day of the month are effective for the first of the following month.	PCP changes made between the 1st and 10th of the month will go into effect right away. Changes made after the 10th of the month will take effect at the beginning of the next month

PHARMACY

Georgia Families does provide pharmacy benefits to members. Check with the member's health plan about who to call to find out more about enrolling to provide pharmacy benefits, including information about their plans reimbursement rates, specific benefits that are available, including prior approval requirements.

To request information about contracting with the health plans, you can call the CMOs provider enrollment services.

Amerigroup Community Care	CareSource	Peach State Health Plan	WellCare of Georgia
800-454-3730 https://providers.amerigroup.com/pages/ga-2012.aspx	844-441-8024 https://cvs.az1.qualtrics.com/jfe/form/SV_cvyY0ohqT2VXYod	866-874-0633 www.pshpgeorgia.com	866-300-1141 ProspectiveProviderGA@WellCare.com or https://www.wellcare.com/en/Georgia/Become-a-Provider

All providers must be enrolled as a Medicaid provider to be eligible to contract with a health plan to provide services to Georgia Families members.

Rev. 01/11
Rev. 10/12
Rev. 04/14
Rev. 07/17
Rev. 10/18
Rev. 04/19

The CMO Pharmacy Benefit Managers (PBM) and the Bin Numbers, Processor Control Numbers and Group Numbers are:

Health Plan	PBM	BIN #	PCN
Amerigroup Community Care	ESI	003858	MA
CareSource	CVS Caremark	004336	MCAIDADV Group: RX0835
Peach State Health Plan	Envolve Pharmacy Solutions (PBM) Caremark (Claims Processor)	004336	MCAIDADV
WellCare of Georgia	Caremark	004336	MCAIDADV

If a patient does not have an identification card:

Providers can check the enrollment status of Medicaid and PeachCare for Kids® members through DXC by calling 1-800-766-4456 or going to the web portal at www.mmis.georgia.gov. DXC will let you know if the member is eligible for services and the health plan they are enrolled in. You can contact the member's health plan to get the member's identification number.

Use of the member's Medicaid or PeachCare for Kids® identification number to file a pharmacy claim:

Amerigroup Community Care	CareSource	Peach State Health Plan	WellCare of Georgia
No, you will need the member's health plan ID number	Yes, you may also use the health plan ID number.	Yes	Yes, you may also use the WellCare subscriber ID

Health plans preferred drug list, prior authorization criteria, benefit design, and reimbursement rates:

Each health plan sets their own procedures, including preferred drug list, prior authorization criteria, benefit design, and reimbursement rates.

Will Medicaid cover prescriptions for members that the health plans do not?

No, Medicaid will not provide a "wrap-around" benefit for medications not covered or approved by the health plan. Each health plan will set its own processes for determining medical necessity and appeals.

Who to call to request a PA:

Amerigroup Community Care	CareSource	Peach State Health Plan	WellCare of Georgia
1 (800) 454-3730	1 (855) 202-1058 1(866) 930-0019 (fax)	1 (866) 399-0929	1 (866) 231-1821 1 (866) 455-6558 (fax)

APPENDIX I

Information for Providers Serving Medicaid Members in the Georgia Families 360° SM Program

Rev. 04/14
Rev. 07/18

Georgia Families 360°SM, the state's managed care program for children, youth, and young adults in Foster Care, children and youth receiving Adoption Assistance, as well as select youth in the juvenile justice system, launched Monday, March 3, 2014. Amerigroup Community Care is the single Care Management Organization (CMO) that will be managing this population.

Amerigroup is responsible, through its provider network, for coordinating all DFCS, DJJ required assessments and medically necessary services for children, youth and young adults who are eligible to participate in the Georgia Families 360°SM Program. Amerigroup will coordinate all medical/dental/trauma assessments for youth upon entry into foster care or juvenile justice (and as required periodically).

Georgia Families 360°SM Every member in Georgia Families 360° is assigned a Care Coordinator who works closely with them to ensure access to care and ensure that appropriate, timely, and trauma informed care is provided for acute conditions as well as ongoing preventive care. This ensures that all medical, dental, and behavioral health issues are addressed. Members also have a medical and dental home to promote consistency and continuity of care. The medical and dental homes coordinate care and serve as a place where the child is known over time by providers who can provide holistic care. DFCS, DJJ, foster parents, adoptive parents and other caregivers are involved in the ongoing health care plans to ensure that the physical and behavioral health needs of these populations are met.

Electronic Health Records (EHRs) are being used to enhance effective delivery of care. The EHRs can be accessed by Amerigroup, physicians in the Amerigroup provider network, and DCH sister agencies, including the DFCS, regardless of where the child lives, even if the child experiences multiple placements. Ombudsman and advocacy staff are in place at both DCH and Amerigroup to support caregivers and members, assisting them in navigating the health care system. Additionally, medication management programs are in place to focus on appropriate monitoring of the use of psychotropic medications, to include ADD/ADHD as well as other behavioral health prescribed medications.

Providers can obtain additional information by contacting the Provider Service Line at 1-800-454-3730 or by contacting their Provider Relations representative.

To learn more about DCH and its dedication to A Healthy Georgia, visit www.dch.georgia.gov

APPENDIX J

Preventive Oral Health: Fluoride Varnish

Rev. 07/10
Rev. 07/11
Rev. 04/15
Rev. 10/15
Rev. 01/16
Rev. 04/16
Rev. 10/16
Rev. 10/19

Fluoride varnish acts to retard, arrest, and reverse the caries process. The teeth absorb the fluoride varnish, strengthening the enamel and helping prevent cavities. It is not a substitute for fluoridated water or toothpaste.

Once teeth are present, the application of fluoride varnish is required and may be applied every 3-6 months in the primary care or dental office for children between the ages of 6 months and 5 years.
https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/dental-caries-in-children-from-birth-through-age-5-years-screening
Indications for fluoride use are noted in the 2014 AAP clinical report "Fluoride Use in Caries Prevention in the Primary Care Setting"
http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2014-1699

Documentation: Evidence that fluoride varnish was applied once between the ages of 6 months and 5 years OR evidence that the provider addressed the fluoride varnish requirement and/or its importance with the parent.

D1206 - Current Dental Terminology (CDT) Code
99188 - Current Procedural Terminology (CPT) Code

Effective January 1, 2015, the application of topical fluoride varnish by a physician or other qualified health care professional may be billed with the new CPT code 99188. This applies to providers enrolled in and filing claims under GA Medicaid programs 430, 431, and 740. Only providers enrolled in and filing claims under GA Medicaid programs 430, 431, 450, and 740 may bill Code D1206 Fluoride Varnish (eff. 1/1/2010).

Note:

- Dentists: under category of service 450
- Physicians: under category of service 430
- Physician Assistants (PA): under category of service 431
- Nurse Practitioners: under category of service 740

Providers may not bill for an Evaluation and Management (E/M) visit in addition to billing for the application of fluoride varnish, if the sole purpose of the visit was to apply the fluoride varnish. In this instance, the provider may bill for the fluoride varnish code only.

For more information including the payment rate for this service, please see the Part II Policies and Procedures Manual for Dental Services.

RESOURCES (not mandatory to use):

Rev. 07/10
Rev. 07/11
Rev. 04/15
Rev. 10/15
Rev. 01/16
Rev. 04/16
Rev. 10/16
Rev. 10/19

Smiles for Life Oral Health Risk Assessment Tool:

Caries risk assessments:
ADA Caries Risk Assessment Form (Age 0-6)
ADA Caries Risk Assessment Form (Age >6)

Smiles for Life Online trainings:
Child Oral Health (Course 2)
Caries Risk Assessment, Fluoride Varnish and Counseling (Course 6) (Course 6)

Oral Health Professional Websites: American Dental Association (ADA): http://www.ada.org
American Academy of Pediatric Dentistry (AAPD): http://www.aapd.org
Parent Handouts: 'For The Dental Patient' by the ADA freely available for download and photocopy at http://www.ada.org/993.aspx

*Patients at risk for caries include those with: insufficient sources of dietary fluoride; high carbohydrate diets; caretakers who transmit decay-causing bacteria to children via their saliva; areas of tooth decalcification; reduced salivary flow; and poor oral hygiene. AAP training course also includes "children from low socioeconomic and ethnocultural groups."

APPENDIX K

EPSDT HIPAA Referral Code Examples

Rev. 10/14

1. Child has come in for an EPSDT Interperiodic Hearing Screen and the provider finds that the child has an ear infection. The provider treats the child for the ear infection at the time of the interperiodic visit and requests a follow up appointment with him in two weeks. What EPSDT referral code should be documented?

   A. EPSDT Referral Code: **S2**

2. Child has come in for an EPSDT Screen and has experienced complications with diabetes since birth. The provider treats the child for the diabetes complications at the time of the preventive health visit and does not request a follow up appointment. What EPSDT referral code should be documented?

   A. EPSDT Referral Code: **NU**

3. Child has come in for an EPSDT Screen and during the screen, the mother informs the provider that the child has behavior problems. The provider refers the child for further diagnostic testing within two weeks with a Diagnostic and Behavioral Center. What EPSDT referral code should be documented?

   A. EPSDT Referral Code: **ST**

4. Child has come in for EPSDT Screen and the provider finds that the child has some developmental problems. The provider refers the child for further diagnostic testing with a Developmental and Behavioral Center. Mom refuses the Developmental and Behavioral appointment. What EPSDT referral code should be documented?

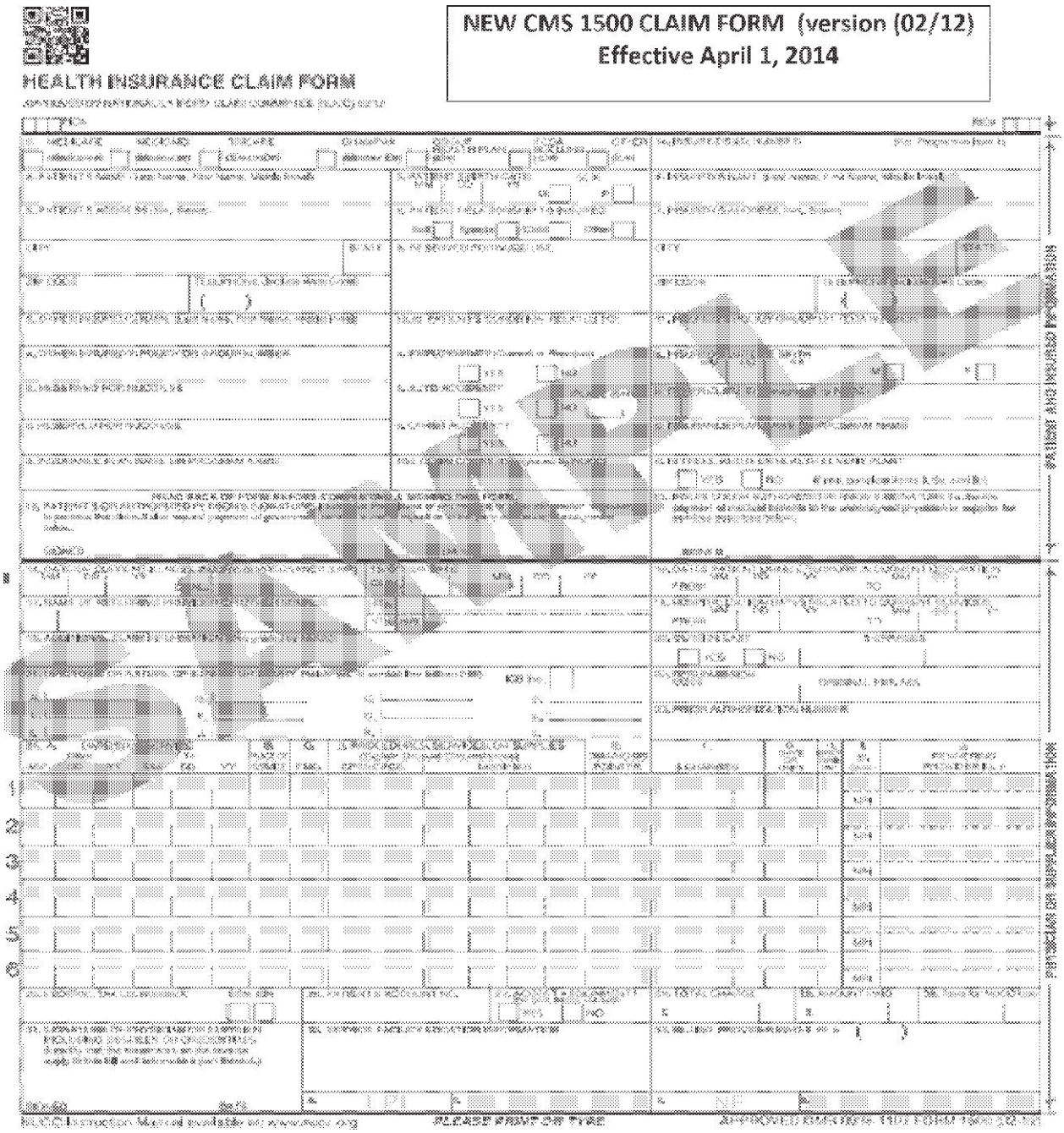
   A. EPSDT Referral Code: **AV**

Rev. 04/14
Rev. 07/15
Rev. 07/17

APPENDIX L

NEW CMS 1500 CLAIM FORM (version 02/12) - SAMPLE

Effective May 1, 2015, paper claims are no longer accepted by DXC. As part of the Georgia Paperless Initiative, providers are required to submit CMS 1500 claims electronically over the GAMMIS web portal. For more information regarding the Paperless Initiative, please access the web portal and review all related Banner Messages.



New CMS 1500 Field Locator Instructions

The following table outlines the **revised changes** on the above CMS 1500 claim form version 02/12:

FLD Location	NEW Change
Header	Replaced 1500 rectangular symbol with black and white two-dimensional QR Code (Quick Response Code)
Header	Added "(NUCC)" after "APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE."
Header	Replaced "08/05" with "02/12"
Item Number 1	Changed "TRICARE CHAMPUS" to "TRICARE" and changed" (Sponsor's SSN)" to "(ID#/DoD#)."
Item Number 1	Changed "(SSN or ID)" to "(ID#)" under "GROUP HEALTH PLAN"
Item Number 1	Changed "(SSN)" to "(ID#)" under "FECA BLK LUNG."
Item Number 1	Changed "(ID)" to "(ID#)" under "OTHER.'
Item Number 8	Deleted "PATIENT STATUS" and content of field. Changed title to **"RESERVED FOR NUCC USE."**
Item Number 9b	Deleted "OTHER INSURED's DATE OF BIRTH, SEX." Changed title to **"RESERVED FOR NUCC USE."**
Item Number 9c	Deleted "EMPLOYER'S NAME OR SCHOOL." Changed title to **"RESERVED FOR NUCC USE."**
Item Number 10d	Changed title from "RESERVED FOR LOCAL USE" to "CLAIM CODES (Designated by NUCC)." **Field 10d is being changed to receive Worker's Compensation codes or Condition codes approved by NUCC.** **FOR DCH/DXC:** FLD 10d on the OLD Form CMS 1500 Claim (08/05) will no longer support receiving the Medicare provider ID.
Item Number 11b	Deleted "EMPLOYER'S NAME OR SCHOOL." **Changed title to "OTHER CLAIM ID** (Designated by NUCC)". Added dotted line in the left-hand side of the field to accommodate a 2-byte qualifier
Item Number 11d	Changed "If yes, return to and complete Item 9 a-d" to "If yes, complete items 9, 9a, and 9d." (Is there another Health Benefit Plan?)
Item Number 14	Changed title to "DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)." Removed the arrow and text in the right-hand side of the field. Added "QUAL." with a dotted line to accommodate a 3-byte qualifier." **FOR DCH/DXC: Use Qualifiers: 431 (onset of current illness); 484 (LMP); or 453 (Estimated Delivery Date).**
Item Number 15	Changed title from 'IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE" to "OTHER DATE." Added "QUALIFIER." with two dotted lines to accommodate a 3-byte qualifier: 454 (Initial Treatment); 304 (Latest Visit or Consultation); 453 (Acute Manifestation of a Chronic Condition); 439 (Accident); 455 (Last X-ray); 471

FLD Location	NEW Change
	(Prescription); 090 (Report Start [Assumed Care Date); 091 (Report End [Relinquished Care Date); 444 (First Visit or Consultation).
Item Number 17	Added a dotted line in the left-hand side of the field to accommodate a 2-byte qualifier – **Used by Medicare** for identifiers for provider roles: Ordering, Referring and Supervising. **FOR DCH/DXC:** Use the following Ordering Provider, Referring, Supervising Qualifiers (**effective 4/01/2014**): **Ordering = DK; Referring = DN or Supervising = DQ.**
Item Number 19	Changed title from "RESERVED FOR LOCAL USE" to "ADDITIONAL CLAIM INFORMATION (Designated by NUCC)." **FOR DCH/DXC:** Remove the Health Check logic from field 19 and add it in **field 24H.**
Item Number 21	Changed instruction after title (Diagnosis or Nature of Illness or Injury) from "(Relate Items 1, 2, 3 or 4 to Item 24E by Line)" to "Relate A-L to service line below (24E)."
Item Number 21	Removed arrow pointing to 24E (Diagnosis Pointer).
Item Number 21	Added "ICD Indicator." and two dotted lines in the upper right-hand corner of the field to accommodate a 1-byte indicator. Use the highest level of code specificity in FLD Locator 21. **Diagnosis Code ICD Indicator** - new logic to validate acceptable values (0, 9). ICD-9 diagnoses (CM) codes = value 9; or ICD -10 diagnoses (CM) codes = value 0. **(Do not bill ICD 10 code sets before October 1, 2015.)**
Item Number 21	Added 8 additional lines for diagnosis codes. Evenly space the diagnosis code lines within the field.
Item Number 21	Changed labels of the diagnosis code lines to alpha characters (A-L).
Item Number 21	Removed the period within the diagnosis code lines
Item Number 22	Changed title from "MEDICAID RESUBMISSION" to "RESUBMISSION." The submission codes are: 7 (Replacement of prior claim) 8 (Void/cancel of prior claim)
Item Numbers 24A – 24 G (Supplemental Information)	The supplemental information is to be placed in the shaded section of 24A through 24G as defined in each Item Number. **FOR DCH/DXC:** Item numbers **24A** & **24G** are used to capture Hemophilia drug units. **24H** (EPSDT/Family Planning).
Item Number 30	Deleted "BALANCED DUE." Changed title to "**RESERVED FOR NUCC USE.**"
Footer	Changed "APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)" to "APPROVED OMB-0938-1197 FORM 1500 (02/12)."

Completion of the Health Insurance Claim Form for EPSDT Services Billed by Fee-for-Service Providers

Review these helpful tips for completing the Health Insurance Claim Form (CMS-1500) for EPSDT Services. See Appendix K for EPSDT HIPAA Referral Code Examples.

Item 9 Other Insured's Name
Leave blank. EPSDT preventive health screenings are exempt from third party liability. Even if the member has other insurance, you may file Medicaid first for preventive health services.

Item 21 Diagnosis
Enter the applicable ICD indicator to identify which version of ICD codes is being reported. Enter the indicator between the vertical, dotted lines in the upper right-hand portion of the field.

Enter the codes to identify the patient's diagnosis and /or condition. List no more than **twelve (12)** diagnosis codes. Relate lines A-L to the lines of service in 24E by the letter of the line.

Item 24A Dates of Service (DOS)
The "From" and "To" DOS will always be the same. Since there is only one DOS, enter the date under "From." Leave "To" blank or re-enter "From" date.

Item 24B Place of Service (POS)
Enter POS code 99 for all preventive health services and interperiodic visits.

Item 24C EMG (emergency)
Leave blank for "No".

Item 24D HCPCS Code and Modifier
Enter procedure code and the EP modifier, plus any additional modifiers as applicable.

Item 24E Diagnosis Pointer
Enter the diagnosis code reference letter (pointer) to relate to the DOS and the procedures performed to the primary diagnosis. When multiple services are performed, the primary reference letter for each service should be listed first, other applicable services should follow. Do not use commas between letters.

Item 24H HIPAA EPSDT Referral Codes

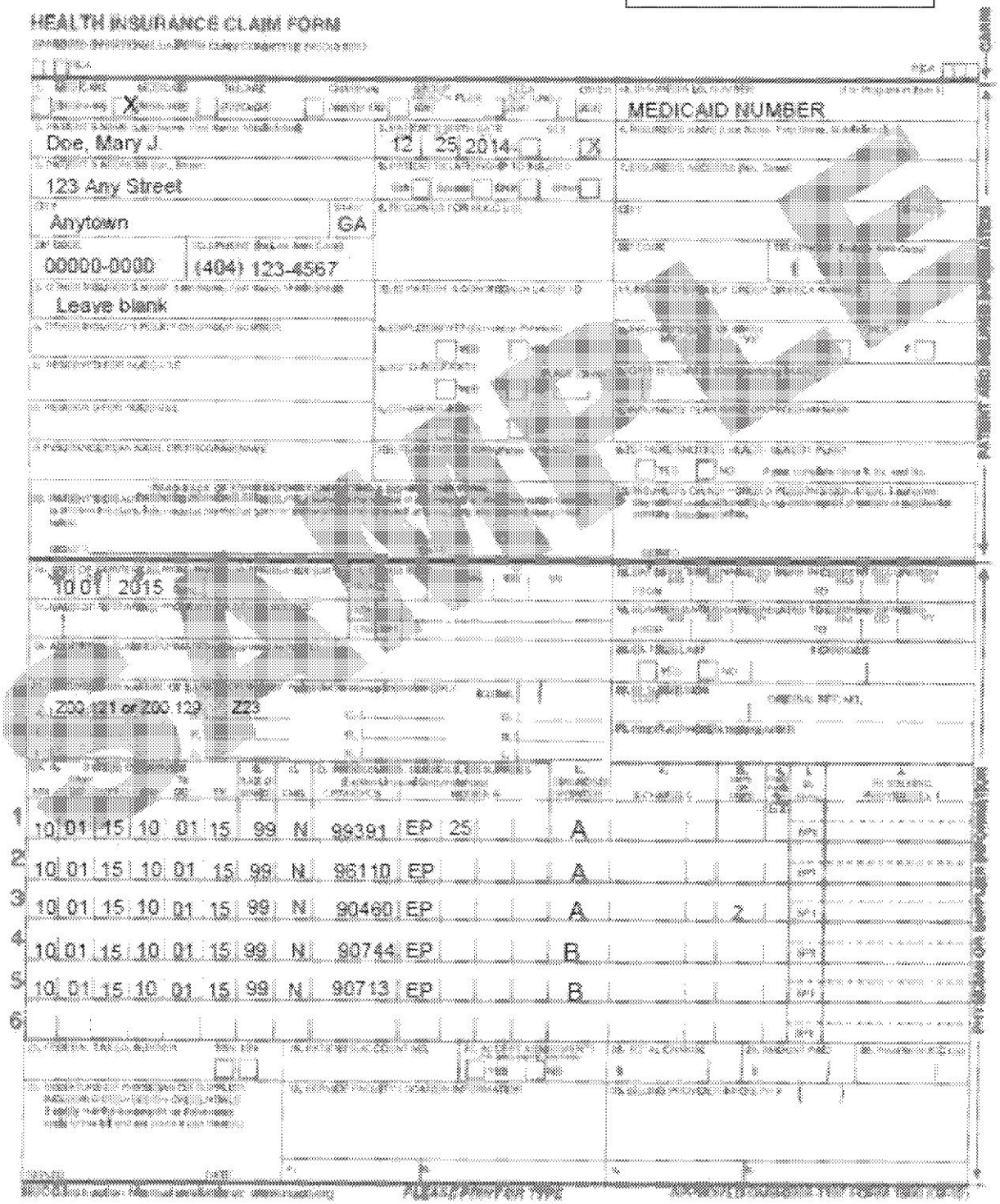
- If EPSDT screening resulted in an EPSDT referral, enter the appropriate referral code:
  - ✓ Document AV, S2, or ST in the shaded area of box 24H
- If EPSDT screening did not result in an EPSDT referral:
  - ✓ Document NU in the shaded area of box 24H
- A "Y" for Yes or "N" for No is **not** entered with the referral code in the shaded area or in the unshaded area of box 24H.

Rev. 04/14
Rev. 10/14

Rev. 01/13
Rev. 07/13
Rev. 01/14
Rev. 10/14
Rev. 10/15

CMS-1500 Health Claim Form – SAMPLE

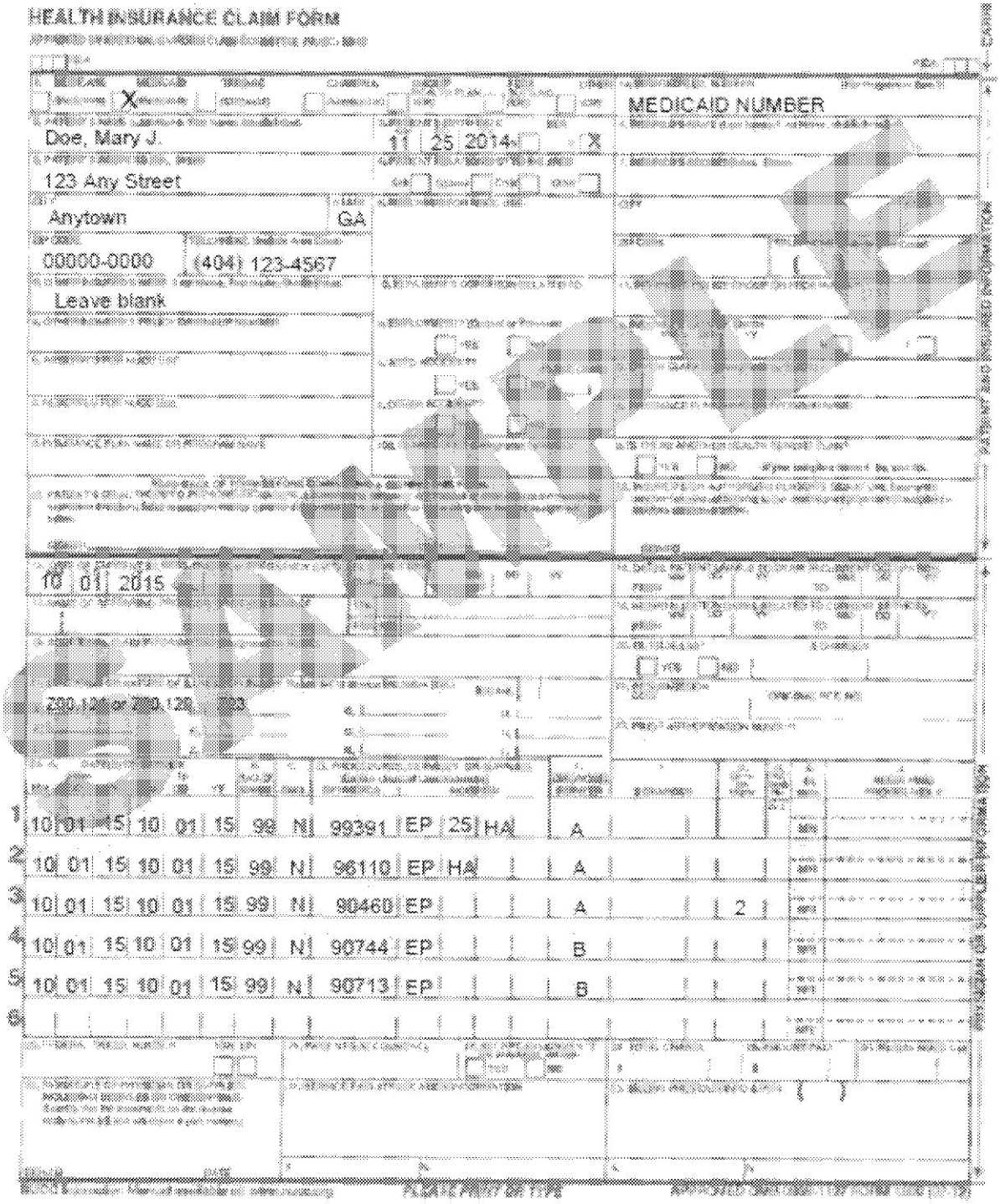
SAMPLE EPSDT CLAIM
9-month preventive visit



CMS-1500 Health Claim Form – SAMPLE

Rev. 01/13
Rev. 07/13
Rev. 01/14
Rev. 10/14
Rev. 10/15

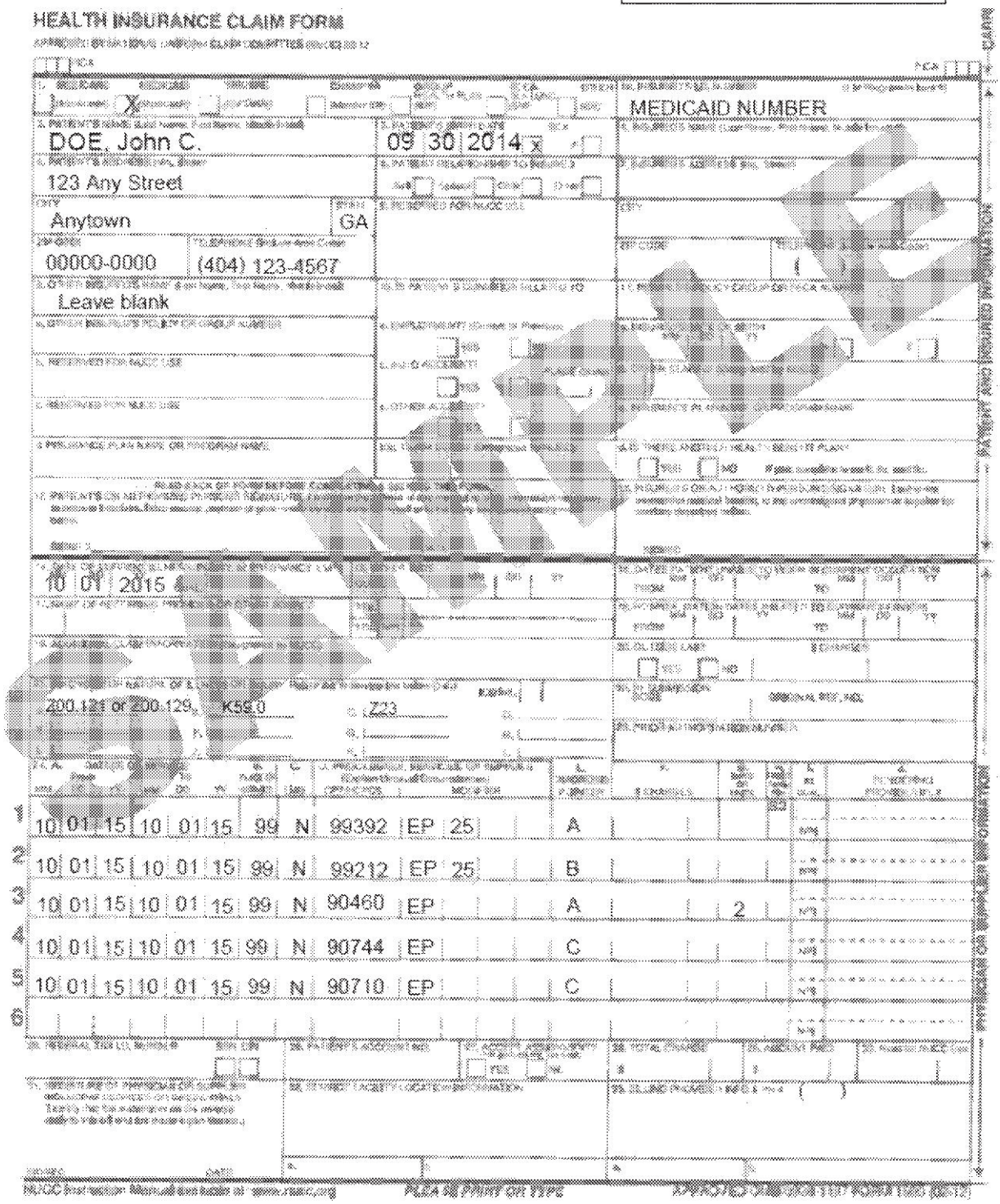
SAMPLE EPSDT CLAIM
Age: 10 months
9-month Catch-Up preventive visit



Rev. 01/13
Rev. 07/13
Rev. 01/14
Rev. 10/14
Rev. 10/15

CMS-1500 Health Claim Form – SAMPLE

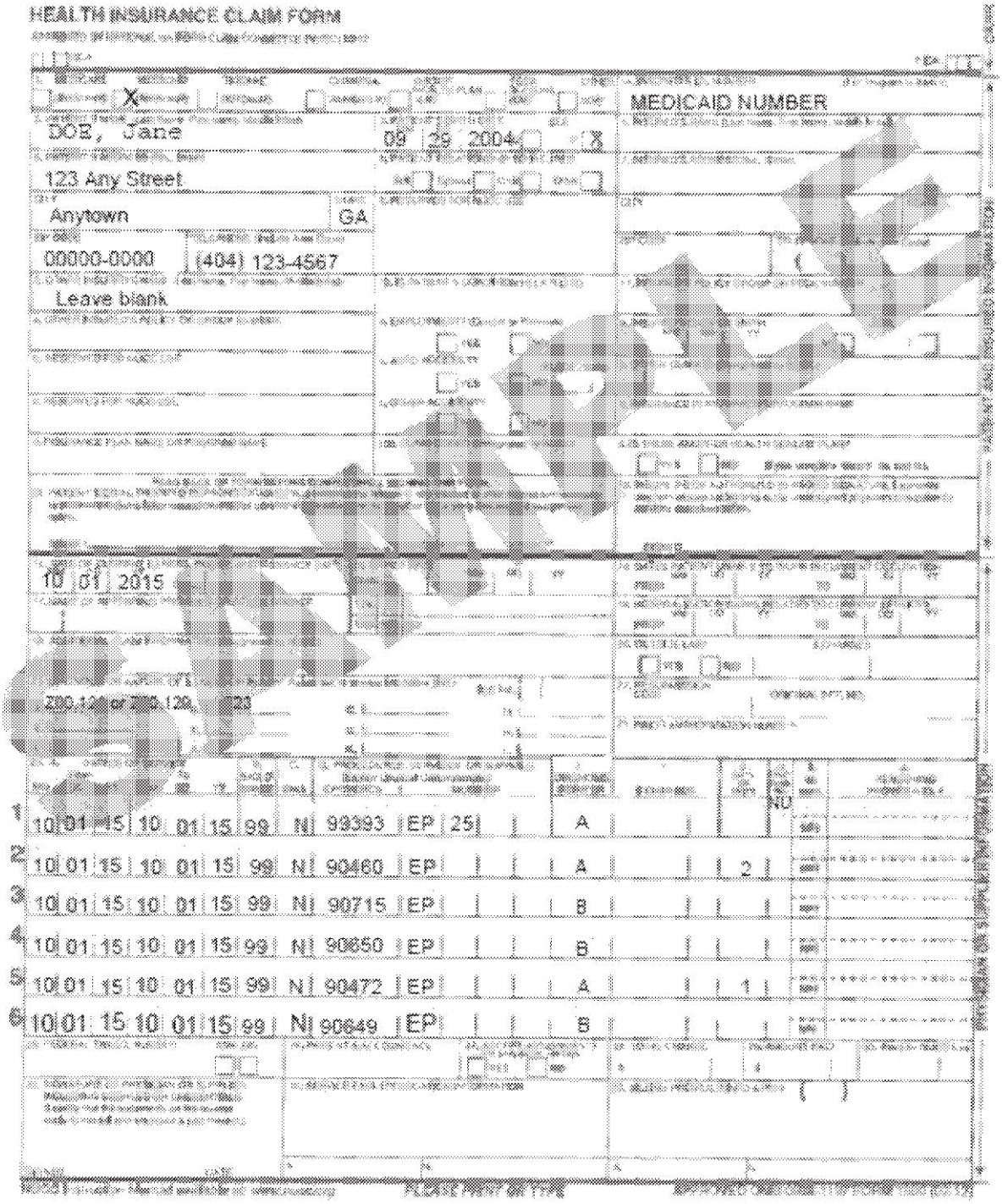
SAMPLE EPSDT CLAIM
12-month preventive visit



Rev. 01/13
Rev. 07/13
Rev. 01/14
Rev. 07/14
Rev. 10/14
Rev. 10/15

CMS-1500 Health Claim Form – SAMPLE

SAMPLE EPSDT CLAIM
Preventive visit with Immunization Administration Codes and EPSDT Referral Code



CMS-1500 Health Claim Form – SAMPLE

Rev. 01/14
Rev. 10/14
Rev. 10/15

SAMPLE EPSDT CLAIM
19 year old – Preventive
with Immunization Administration Codes
and EPSDT Referral Code

HEALTH INSURANCE CLAIM FORM

MEDICAID NUMBER

DOE, James

09 30 1996 X

123 Any Street

Anytown GA

00000-0000 (404) 123-4567

Leave blank

10 01 2015

Z00.00 Z00.01 223

1	10	01	15	10	01	15	99	N	99395	EP	25	A							
2	10	01	15	10	01	15	99	N	90473	EP		A		1					
3	10	01	15	10	01	15	99	N	90672	EP		B							
4	10	01	15	10	01	15	99	N	90472	EP		A		1					
5	10	01	15	10	01	15	99	N	90649	EP		B		1					
6																			

APPENDIX M

Resources for Children in Georgia

Georgia Public Health Programs

Rev. 01/09
Rev. 07/11
Rev. 07/14
Rev. 07/16

Programs for Children with Disabilities or Special Health Care Needs:

Babies Can't Wait Program (Birth – 3 years)
2 Peachtree Street, NW
11th floor
Atlanta, GA 30303
http://dph.georgia.gov/Babies-Cant-Wait
404-657-2850
888-651-8224

Children's Medical Services (Birth – 21 years)
2 Peachtree Street, NW
11th floor
Atlanta, GA 30303
http://dph.georgia.gov/CMS
404-657-2850

Children 1st Program
2 Peachtree Street, NW
11th floor
Atlanta, GA 30303
http://dph.georgia.gov/children1st
404-657-2850

Women, Infants, and Children (WIC)
2 Peachtree Street, NW
10th floor
Atlanta, GA 30303
https://dph.georgia.gov/WIC
1-800-228-9173

Georgia Families

Rev. 01/08
Rev. 07/11
Rev. 04/12
Rev. 07/14
Rev. 07/16

For members in Medicaid or PeachCare for Kids®

Most Medicaid and PeachCare for Kids members must enroll in the Georgia Families managed care program and choose a health plan and a provider.

https://www.georgia-families.com/GASelfService/en_US/home.htm
1-888-GA-ENROLL (1-888-423-6765)

PeachCare for Kids®

CHIP Program

(PeachCare for Kids offers free to low cost health insurance, inclusive of the EPSDT benefit, to uninsured, eligible children living in Georgia)

P.O. Box 2583
Atlanta, GA 30301-2583
www.PeachCare.org
1-877-GA-PEACH (1-877-427-3224)

Vaccines for Children (VFC) Program

GA Department of Public Health Immunization Program
2 Peachtree St NW, 13-276
Atlanta, GA 30303
https://dph.georgia.gov/vaccines-children-program
(800) 848-3868
(404) 657-5013/ 5015
DPH-gavfc@dph.ga.gov

Georgia Department of Education (GaDOE)

Ask DOE Manager
2054 Twin Towers East
205 Jesse Hill Jr. Drive SE
Atlanta, GA 30334
(404) 656-2800
(800) 311-3627 (GA)
(404) 651-8737 (fax)
askdoc@doe.k12.ga.us

Special Education

Division for Special Education Services and Supports
Georgia Department of Education
1870 Twin Towers East
Atlanta, GA 30334-9048
(404) 656-3963
Web: www.doe.k12.ga.us/

Programs for Children with Disabilities: Ages 3 through 7

Young Children/619 Coordinator
Division for Special Education Services and Supports
Georgia Department of Education
1870 Twin Towers East
Atlanta, GA 30334-5060
(404) 657-9965
Web: www.doe.k12.ga.us

Division of Family & Children Services (DFCS)

Rev. 07/10
Rev. 07/14
Rev. 07/16

http://dfcs.dhs.georgia.gov
1.800.georgia (1.800.436.7442)
678.georgia (678.436.7442) – Atlanta area

DFCS Office of Constituent Services
(404) 657-3433
- Child Welfare Online Contact Form
  complete online contact form for issues related to Adoptions, Child Protective Services, Foster Care or any other Child Welfare issue.

Child Protective Services / Child Abuse & Neglect
1-855-GACHILD / 1-855-422-4453
(404) 657-3400

Medicaid
(877) 423-4746

Food Stamps
(877) 423-4746

Energy Assistance
(877) 423-4746

Temporary Assistance for Needy Families
(877) 423-4746

Department of Behavioral Health and Developmental Disabilities (DBHDD)

Two Peachtree Street, NW
24th Floor
Atlanta, GA 30303
404-657-2252
http://dbhdd.georgia.gov

Rev. 07/14
Rev. 10/14

Other Resources:

Parent-To-Parent of Georgia
Parent to Parent of Georgia offers a variety of services to Georgia residents ages birth to 26 years and their families impacted by disabilities or special healthcare needs.

3070 Presidential Parkway, Suite 130
Atlanta, GA 30340
(770) 451-5484
(800) 229-2038
Web: http://p2pga.org

Healthy Mothers, Healthy Babies Powerline
Source for healthcare referrals and information
2300 Henderson Mill Road
Suite 410
Atlanta, GA 30345
(770) 451-0020
(770) 451-2466
(800) 300-9003
(800) 822-2539
thecoalition@hmhbga.org
www.hmhbga.org

APPENDIX N

Rev. 07/13
Rev. 04/14

General Claims Submission Policy for Ordering, Prescribing, or Referring (OPR) Providers

The Affordable Care Act (ACA) requires physicians and other eligible practitioners who order, prescribe and refer items or services for Medicaid beneficiaries to be enrolled in the GA Medicaid Program. As a result, CMS expanded the claim editing requirements in Section 1833(q) of the Social Security Act and the providers' definitions in sections 1861-r and 1842(b)(18)C. Therefore, claims for services that are ordered, prescribed or referred must indicate who the ordering, prescribing or referring (OPR) practitioner is. The Department will utilize an enrolled OPR provider identification number for this purpose. Any OPR physicians or other eligible practitioners who are NOT already enrolled in Medicaid as participating (i.e. billing) must enroll separately as OPR. The National Provider Identifier (NPI) of the OPR provider must be included on the claim submitted by the participating, i.e. rendering provider. If the NPI of the OPR provider noted on the Georgia Medicaid claim is associated with a provider who is not enrolled in the Georgia Medicaid program, the claim will not be paid.

Effective 4/1/2014, DCH will begin editing claims submitted through the web, EDI, and on CMS 1500 forms for the presence of an ordering, prescribing or referring provider as required by program policy. The edit will be informational until 6/1/2014. Effective 6/1/2014, the ordering, prescribing or referring provider will become a mandatory field and claims that do not contain the information as required by policy will begin to deny.

For the New CMS-1500 claim form:
Enter qualifiers to indicate if the claim has an ordering, prescribing or referring to the left of the dotted line in box 17 (Ordering = DK; Referring = DN or Supervising = DQ.

For claims entered via the web:
Claims headers were updated to accept ordering or referring Provider ID and name for Dental and Institutional claims and the referring provider's name for Professional claims. The claim detail was updated to accept an ordering or referring provider ID and name. Utilize the "ordering" provider field for claims that require a prescribing physician.

For claims transmitted via EDI:
The 837 D, I and P companion guides were updated to specifically point out the provider loops that capture the rendering, ordering, prescribing, referring and service facility provider information that is now used to transmit OPR information.

APPENDIX O

Screening Tools

The CRAFFT Screening Interview

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the PAST 12 MONTHS, did you:	No	Yes
1. Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)	☐	☐
2. Smoke any marijuana or hashish?	☐	☐
3. Use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")	☐	☐

For clinic use only: Did the patient answer "yes" to any questions in Part A?

No ☐ → **Ask CAR question only, then stop**

Yes ☐ → **Ask all 6 CRAFFT questions**

Part B	No	Yes
1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	☐	☐
3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?	☐	☐
4. Do you ever FORGET things you did while using alcohol or drugs?	☐	☐
5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	☐	☐
6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?	☐	☐

APPENDIX O

Rev. 10/15

Screening Tools

Patient Health Questionnaire-2 (PHQ-2)

PHQ-2

Over the past two weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things.
0 = Not at all
1 = Several days
2 = More than half the days
3 = Nearly every day

Feeling down, depressed, or hopeless.
0 = Not at all
1 = Several days
2 = More than half the days
3 = Nearly every day

Total point score: _____

Score interpretation:

PHQ-2 score	*Probability of major depressive disorder (%)*	*Probability of any depressive disorder (%)*
1	15.4	36.9
2	21.1	48.3
3	38.4	75.0
4	45.5	81.2
5	56.4	84.6
6	78.6	92.9

Figure 1. Patient Health Questionnaire-2 (PHQ-2). This questionnaire is used as the initial screening test for major depressive episode.

Information from Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. Med Care 2003; 41:1284-92.

Thibault JM, Prasaad Steiner, RW. Efficient identification of adults with depression and dementia. American Family Physician, Vol. 70/No. 6 (September 15, 2004)

APPENDIX P

2016 Policy Revisions Record

Rev. 01/17 Part II Policies and Procedures Manual for EPSDT (Health Check) Services

REVISION DATE	SECTION & PAGE	REVISION DESCRIPTION	REVISION TYPE A = Added D = Deleted M = Modified	CITATION (Revision required by Regulation, Legislation, etc.)
01/01/16	902	Revised AAP BF Periodicity Schedule	M	AAP Bright Futures (BF)
01/01/16	1003.3	Depression Screenings and Alcohol/SA Risk Assessments (96127) – added	A	N/A
01/01/16	1003.16	Incontinence Products - added	A	N/A
01/01/16	Appendix C-2	Vaccine product codes: 90634 - Hepatitis A – removed 90655 – Influenza - added	 D A	N/A
01/01/16	Appendix R	• Deleted BF Periodicity Schedule • Added upcoming 4/16 EPSDT Updates	D A	N/A
04/01/16	Introduction iii	Added brief emotional/behavioral assessments to services reimbursed under Health Check	M	N/A
04/01/16	902 p. IX-1-3	Revised AAP BF Periodicity Schedule (copyright 2016, updated 10/15)	A	AAP BF
04/01/16	902.1 #7, #25, #26 p. IX-4-7	Updated BF Footnotes: • Visual Acuity, Oral Health • Fluoride Varnish	 M A	AAP BF
04/01/16	902.2 D.1., p. IX-9 E.4 & 5, p. IX-12-13 G.1.b., p. IX-14-15 G.8., p. IX-18 I., p. IX-19	Updated Screening Components • Vision- routine screening at age 18 changed to risk assessment. • Clarifications to Alcohol/Substance Abuse Risk Assessment & Depression Screening • Critical Congenital Heart Disease (CCHD) Screening – updated • Cervical Dysplasia / Pap Test – updated • Fluoride Varnish –added	 M M M M A	 AAP BF N/A AAP BF AAP BF N/A
04/01/16	904 Table A p. IX-23 & 23	99384 & 99394 – ICD-10 Z00.00 & Z00.01 for ages 15-17 years	M	ICD-10 coding guidelines
04/01/16	Immunization Schedules IX-30 - 32	2016 Immunizations Schedules posted	M	CDC
04/01/16	1003.3 p. X-2 & 3	Brief Emotional / Behavioral Assessment (96127) – updated	M	N/A

APPENDIX P

2016 Policy Revisions Record

Part II Policies and Procedures Manual for EPSDT (Health Check) Services

REVISION DATE	SECTION & PAGE	REVISION DESCRIPTION	REVISION TYPE A = Added D = Deleted M = Modified	CITATION (Revision required by Regulation, Legislation, etc.)
04/01/16	1003. p. 5-7 #13 #17 #19 #20	• School-based Telemedicine Services for LEAs (Q3014) – updated • Fluoride Varnish – added • NCCI-MUE limits – added • Other Reimbursement Rates - added	M A A A	N/A
04/01/16	Appendix C-2	Minor updates to vaccine procedure code descriptions: 90620, 90621, 90632, 90633, 90644, 90647, 90648, 90649, 90650, 90651, 90655, 90656, 90657, 90658, 90670, 90672, 90680, 90681, 90685, 90686, 90687, 90688, 90696, 90698, 90714, 90716, 90732, 90734, 90744, 90746, 90474 90670 – clarified age restriction (6 weeks to 17 years) 90733 - added for ages 19-20 years	M M A	2016 HCPCS N/A N/A
04/01/16	Appendix H	updates to CMO PBM, BIN# and PCN for AMG & WC	M	N/A
04/01/16	Appendix J	Fluoride varnish - revised	M	N/A
04/01/16	Appendix R	Removed upcoming 4/2016 EPSDT Updates	D	N/A
07/01/16	902.2 p. IX-7	Bright Futures helpful materials – updated hyperlink	M	N/A
07/01/16	902.2, D.2. p. IX-10	EHDI Program - updated hyperlink and info	M	N/A
07/01/16	902.2, E.3. 902.2, E.4. 902.2, E.5. p. IX-12 & 13	MCHAT tool - updated hyperlink CRAFFT tool - added hyperlink PHQ-2 tool - updated hyperlink	M A M	N/A

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Part II Policies and Procedures Manual for EPSDT (Health Check) Services

REVISION DATE	SECTION & PAGE	REVISION DESCRIPTION	REVISION TYPE A = Added D = Deleted M = Modified	CITATION (Revision required by Regulation, Legislation, etc.)
07/01/16	902.2, G.1.a. & b. 902.2, G.2 p. IX-14 & 15	Georgia NBS Program - added hyperlink and minor info GRITS - added hyperlink	A	N/A
07/01/16	Tables A, C p. IX-22, 27	Minor revision for clarification related to modifiers	M	N/A
07/01/16	Appendix A p. A-1- 4	Minor revisions Posted the HB76 FY2016 PCP Increased Rates *(Implementation of rates is pending. Refer to Banner Message dated 6-17-2016)*	M A	N/A Legislation - HB76
07/01/16	Appendix F p. F-2 - 4	Counseling for Nutrition and Physical Activity – added info related to HEDIS requirements	A	HEDIS
07/01/16	Appendix M	Updated Resources	M	N/A
10/01/16	902.2 H., p. IX-19 902.2 I., p. IX-19 1003. #17. p. X-6 Appendix J p. J-1	Added clarifications to Oral Health section. Revised the statement to read: "The AAP recommends the establishment of a dental home six months after the first tooth erupts or by 12 months of age (whichever comes first). For clarification, deleted the statement *"One application of fluoride varnish is required for children between the ages of 6 months and 5 years."* Revised to read, "Once teeth are present, the application of fluoride varnish is required and may be applied every 3-6 months in the primary care or dental office for children between the ages of 6 months and 5 years."	M	AAP Bright Futures (BF)

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REVISION DATE	SECTION & PAGE	REVISION DESCRIPTION	REVISION TYPE A = Added D = Deleted M = Modified	CITATION (Revision required by Regulation, Legislation, etc.)
10/01/16	Table A-1 p. IX-24	Posted the HB 751 FY 2017 PCP rate increases for the preventive visits 99381, 99391-99395	A	Legislation – HB 751
	Table B-2 p. IX-26	Posted the HB 751 FY 2017 PCP rate increases for the catch-up preventive visits 99381, 99391, 99392		
	Table C-2 p. IX-28	Posted the HB 751 FY 2017 PCP rate increases for the interperiodic visits 99202-99203, 99212-99214		
	1003. #20. p. X-7	Posted the HB 751 FY 2017 PCP rate increase for the office consultation code 99244		
	Appendix C-1 Table C-1b p. C-1	Posted the HB 751 FY 2017 PCP rate increase for the vaccine administration codes 90460, 90471, 90472		
10/01/16	Appendix C-2 p. C-7	90630 *(influenza virus vaccine, quadrivalent, intradermal)* - added for ages 19-20 years	A	ACIP
10/01/16	Appendix F p. F-4	Under ICD-10 Codes to Identify Counseling for Physical Activity, ICD-10 diagnosis code Z71.89 (other specified counseling) was deleted.	M	HEDIS
10/01/16	Appendix H p. H-2	Updated the Georgia Families Regions – "Counties" Column revised	M	Policy
10/01/16	Appendix H p. H-11	Updated with the new PBM information for Peach State Health Plan	M	Policy

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Part II Policies and Procedures Manual for EPSDT (Health Check) Services

REVISION DATE	SECTION & PAGE	REVISION DESCRIPTION	REVISION TYPE A = Added D = Deleted M = Modified	CITATION (Revision required by Regulation, Legislation, etc.)
01/01/17	902.2 H. p. IX-19	Clarifications to Oral Health: • The AAP recommends both the establishment of a dental home and the first dental exam no later than 12 months of age. • An oral health risk assessment tool has been developed by the AAP/Bright Futures.	M	AAP Bright Futures (BF)
01/01/17	Appendix C-2	The 2017 HCPCS influenza vaccine code description changes will not go into effect until the updates are completed in GAMMIS.	M	HCPCS
01/01/17		The "Mapping of EPSDT Preventive Health ICD-9 Codes to ICD-10 Codes" table was removed from Appendices. Accordingly, all references to the table were removed throughout the manual.	D	N/A
01/01/17	Appendix Q	The "2016 Policy Revisions Record" was added as Appendix Q.	A	N/A
04/01/17	902 p. IX-1	Notification – updated AAP 2017 BF Periodicity Schedule (effective date July 1, 2017)	M	AAP Bright Futures (BF)
04/01/17	p. IX-30-32	2017 Immunization Schedules posted	M	ACIP
04/01/17	Appendix C-2	90670 – age restriction removed. Refer to the ACIP Immunization Schedule for recommended age	M	N/A
04/01/17	Appendix H	Georgia Families – updated appendix	M	N/A
04/01/17	Appendix O	Performance Measures - minor updates	M	N/A
04/01/17	Appendix R	2017 BF Periodicity Schedule – displays updated schedule and summary of changes	A	AAP Bright Futures (BF)

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Part II Policies and Procedures Manual for EPSDT (Health Check) Services

REVISION DATE	SECTION & PAGE	REVISION DESCRIPTION	REVISION TYPE A = Added D = Deleted M = Modified	CITATION (Revision required by Regulation, Legislation, etc.)
07/01/17	Entire Manual	Vendor name change - HPE updated to reflect new name –DXC Technology (DXC)	M	N/A
07/01/17	902-902.1 p. IX-1 – IX-7 902.2 p. IX-11 – IX-22 903 IX-23	Updated 2017 BF Periodicity Schedule – adoption of new schedule effective July 1, 2017 with revised footnotes. Added new screening BF requirements, and deleted/ revised current screening requirements. Revised the minimum standards for screening components in accordance with the updated 2017 BF Periodicity Schedule. Changes to: • Hearing • Tobacco, Alcohol, or Drug Use Assessment • Depression Screening • Maternal Depression Screening • Newborn Blood • Newborn Bilirubin • Dyslipidemia Screening • STIs • HIV • Oral Health Screening tools requirements revised to reflect updated 2017 BF Periodicity Schedule.	M	AAP Bright Futures (BF)
07/01/17	902.2, G.4. p. IX-18, 907.2, C. p. IX-40, Appendix A, p. A-5	Blood Lead Test – provided clarification that "All **venous** sample lead screening tests conducted using any Magellan Diagnostic lead testing system should be laboratory analyzed by a properly accredited laboratory."	M	FDA, CDC, GA. Dept. of Public Health (DPH)
07/01/17	1003, #3, p. X-2	Effective July 1, 2017, DCH will allow separate reimbursement for the Autism screening (96110 EP, UA)	A	DCH

APPENDIX P

2017 Policy Revisions Record

Part II Policies and Procedures Manual for EPSDT (Health Check) Services

REVISION DATE	SECTION & PAGE	REVISION DESCRIPTION	REVISION TYPE A = Added D = Deleted M = Modified	CITATION (Revision required by Regulation, Legislation, etc.)
07/01/17	1003, p. X-2 – X-3, p. X-7	Billing Requirements revisions: • added Autism screening code, modifiers and rate, • revised age ranges for brief emotional/behavioral assessments	M	DCH/ AAP Bright Futures (BF)
10/01/17	1003, #2 & #3, p. X-2	2) Developmental Screenings – included ICD-10 diagnosis codes 3) Autism Screenings – included ICD-10 diagnosis codes	M	DCH
10/01/17	Appendix C-2	Updates to influenza vaccines 1) 90672 - removed 2) 90674 – added 3) 90682 – added (19-20 years)	A, D	DCH

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REVISION DATE	SECTION & PAGE	REVISION DESCRIPTION	REVISION TYPE A = Added D = Deleted M = Modified	CITATION (Revision required by Regulation, Legislation, etc.)
10/1/2018	902.2.E.4. p. IX-14	➢ Tobacco, Alcohol, or Drug Use Assessment: Added clarification to Documentation - Screening tool must be standardized and scorable.	A	DCH
10/1/2018	902.2.E.6. p. IX-15	➢ Maternal Depression Screening: Added clarification to Documentation - Screening tool must be standardized and scorable.	A	DCH
10/1/2018	1003.7 p. X-3	➢ Autism Screenings: Updated ICD-10 diagnosis code Z13.4 to Z13.41	M	DCH
10/1/2018	1003.9. p. X-4	➢ Patient-Focused Health Risk Assessment - (96160) updated the guidance in order to allow the 59 modifier to bypass the NCCI PTP edit.	M	DCH
10/1/2018	1003.10. p. X-4-5	➢ Caregiver-Focused Health Risk Assessment - (96161) updated the guidance in order to allow the 59 modifier to bypass the NCCI PTP edit.	M	DCH
10/1/2018	1003.23. p. X-9	➢ NCCI PTP Edits –added guidance on NCCI PTP edits	A	DCH
10/1/2018	1003.23. p. X-9	➢ Q3014 – revised to include EP GT modifiers	M	DCH
10/1/2018	Appendix C-2 p. C-5	Updated vaccine codes (ages birth through 18 years) in accordance with current VFC supply ➢ Removed 90644, 90649, 90650 ➢ Removed trivalent influenza vaccines 90655, 90656, 90657, 90658	D	DCH
10/1/2018	Appendix C-2 p. C-7	Updated vaccine codes (ages 19 years through 20 years) in accordance with current VFC supply ➢ Removed HP bivalent vaccine 90650 ➢ Removed trivalent influenza vaccines 90658 ➢ Removed 90733	D	DCH
10/1/2018	Appendix H	Updated Georgia Families Appendix	M	DCH

APPENDIX P

2018 Policy Revisions Record

Part II Policies and Procedures Manual for EPSDT (Health Check) Services

REVISION DATE	SECTION & PAGE	REVISION DESCRIPTION	REVISION TYPE A = Added D = Deleted M = Modified	CITATION (Revision required by Regulation, Legislation, etc.)
07/01/18	1003, p. X-3-4	➢ Revised billing guidance for brief emotional/behavioral assessments (96127) ➢ New billing guidance for patient focused health risk assessments (96160) ➢ New billing guidance for maternal depression screenings (96161)	M A A	DCH
07/01/18	Appendix I p. I-1	➢ **Georgia Families 360° SM** Appendix- Revisions to info for providers serving Medicaid members in the **Georgia Families 360° SM** Program	M	DCH
04/01/18	905, p. IX-37-41	2018 Immunization Schedules posted	A	ACIP
04/01/18	Appendix C-1, Table C-2, p. C-5 904, Table C-1, p. IX-32 904, Table C-2, p. IX-33 1003, #21, p. X-8 904, Table A-1 p. IX-27 904, Table B-2, p. IX-30	Posted the HB 44 FY 2018 PCP rate increase for the following codes: vaccine administration codes ➢ 90473 – FFS ➢ 90474 – FFS, PCK interperiodic visit codes ➢ 99201 – FFS ➢ 99211 – FFS, PCK office consultation codes ➢ 99241, 99242, 99243, 99245 behavior change smoking codes ➢ 99406, 99407 preventive visit codes 99382, 99383, 99384, 99385	A	Legislation – HB 44

APPENDIX P

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04/01/18	Appendix C-2 p. C-7 p. C-9	Added new 2018 HCPCS code 90756 – Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use	A	HCPCS
04/01/18	Appendix F	Clarifications to Weight Assessment - BMI	M	N/A
01/01/18	#6 p. IX-14 & 15	Maternal Depression – added clarification to recommended tools	M	AAP USPSTF
01/01/18	Table C p. IX-32	Updated the hyperlink for the DPH Form 3300 - Certificate of Vision, Hearing, Dental and Nutrition Screening	M	DPH
01/01/18	Appendix C p. C-5 p. C-7	Revised descriptions for CPT codes 90620 90621 90651	M	HCPCS 2018
01/01/18	Appendix F p. F-2 p. F-4	1) Documentation for BMI – added the following clarification: "Only evidence of the BMI percentile or BMI percentile plotted on an age-growth chart meet HEDIS criteria." 2) Under the section containing the notations or examples of documentation that are not compliant with HEDIS requirements for **Nutrition**, added the following: o Documentation related to a member's "appetite" does not meet criteria.	M	HEDIS 2018

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2019 Policy Revisions Record

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10/2019	902.2, E.4., p. IX-14	4. Tobacco, Alcohol, or Drug Use Assessment – updated hyperlink to access CRAFFT screening tool	M	DCH
10/2019	902.2, G.5., p. IX-20	5. Tuberculin Risk Assessment and Test – updated hyperlinks to access info o DPH TB and forms	M	DCH/DPH
10/2019	908, p. IX-44	Oral Health and Dental Services - Added guidance - Periodicity of Examination, Preventive Dental Services, Anticiptory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents	A	DCH
10/2019	908, p. IX-45	Oral Health and Dental Services - Replaced the Recommendations for Pediatric Oral Health Assessment, Preventive Services, and Anticipatory Guidance/Counseling	M	DCH
10/2019	Appendix A, p. A-2	"Lead Screening Requirements and Medical Management Recommendations for Children" – Updated table to reflect blood lead level of 5 µg/dL or greater requires further testing and monitoring.	M	DPH
10/2019	Appendix A, p. A-3	D) Lead Poisoning Education – minor rewording revision	M	DPH

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REVISION DATE	SECTION & PAGE	REVISION DESCRIPTION	REVISION TYPE A = Added D = Deleted M = Modified	CITATION (Revision required by Regulation, Legislation, etc.)
10/2019	Appendix A, p. A-4	Blood Lead Test – minor rewording revision	M	DPH
10/2019	Appendix A, p. A-5	Lab Submission – lab submission guidance section added	A	DPH
10/2019	Appendix A, p. A-5, A-6	Reporting Guidelines - added clarification to the guidance - provided hyperlink for current Blood Lead Test Reporting Log provided by GHHLPPP - deleted previous copy of Blood Lead Test Reporting Log SendSS 'Registration and Login Manual for Uploading Lead Report Files' - - Updated hyperlink to access SendSS	M	DPH
10/2019	Appendix A, p. A-15 - A-18 Appendix A, p. A-19	Georgia Childhood Lead Poisoning Prevention Program Case Management Guidelines - updated guidelines to reflect blood lead level of 5 µg/dL or greater requires further testing and monitoring. - updated Regional Lead Coordinator (RLC) title to Regional Healthy Homes Coordinator (RHHC) - removed the specific number of coordinators. Georgia Public Health Laboratory (GPHL) - updated locations, removed Albany location	M	DPH
10/2019	Appendix C-4 p. C-10, C-11	Blood Lead Level Testing Procedure Codes - Clarifications to billing guidance	M	DCH
10/2019	Appendix J, p. J-1, J-2	Preventive Oral Health: Fluoride Varnish - - revised hyperlinks	M	ADA

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REVISION DATE	SECTION & PAGE	REVISION DESCRIPTION	REVISION TYPE A = Added D = Deleted M = Modified	CITATION (Revision required by Regulation, Legislation, etc.)
07/2019	902, p. IX-1 – IX-7	AAP Bright Futures Periodicity Schedule, updated – Effective July 1, 2019, DCH will adopt the updated 2019 AAP Bright Futures Periodicity Schedule. Copyright © 2019 by the American Academy of Pediatrics, updated March 2019	M	AAP/ BF
07/2019	Appendix C-1 p. C-3	ICD 10 diagnosis code Z23.0 was added as a reportable diagnosis with the applicable vaccine administration code. • May report diagnosis code Z00.121 or Z00.129 or Z23.0 with each of the vaccine administration codes ONLY when vaccines are administered during EPSDT preventive health visits for members through age 17 years. • May report diagnosis code Z00.00 or Z00.01 or Z23.0 with the applicable vaccine administration code ONLY when vaccines are administered during EPSDT preventive health visits for members age 15 years through 20 years	A	DCH
07/2019	Appendix C-2 p. C-6 p. C-8	90734 – revised long description. <u>Revised description:</u> Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diptheria toxoid carrier, (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use	M	American Medical Association (AMA) – Jan. 1, 2019 released to AMA website Eff. July 1, 2019 Updated 12/19/18 CPT – Publication CPT® 2020

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REVISION DATE	SECTION & PAGE	REVISION DESCRIPTION	REVISION TYPE A = Added D = Deleted M = Modified	CITATION (Revision required by Regulation, Legislation, etc.)
04/2019	902, p. IX-1	Notification – effective July 1, 2019 DCH will adopt the updated 2019 AAP Bright Futures Periodicity Schedule	M	AAP/ BF
04/2019	905, p. IX-37-41	2019 CDC Immunization Schedules posted	A	CDC/ACIP
04/2019	1003, p. X-3-6 #6-10	Clarifications – (1) the appropriate ICD-10 diagnosis code may be either preventive or non-preventive; (2) the examples of the ICD-10 diagnosis codes listed are preventive	M	DCH
04/2019	Appendix H p. H-15	Pharmacy – updated Peach State Health Plan PBM US Script to PBM Envolve Pharmacy Solutions	M	DCH
04/2019	Appendix Q	2019 AAP Bright Futures Periodicity Schedule - summary of changes	A	AAP/ BF
04/2019	Appendix T	2019 CDC Immunization Schedules – summary of changes	A	CDC/ACIP
01/2019	Appendix C-2	90713 – added Poliovirus (IPV) added for high risk members, ages 19-20 yrs	A	DCH
01/2019	Appendix C-2	90630 – removed Influenza virus vaccine, quadrivalent (IIV4), no preservative, for intradermal use	D	CDC/DCH
01/2019	Appendix C-2	90672 - added Influenza virus vaccine (FluMist), quadrivalent, live (LAIV4), for intranasal use (≥2 years)	A	CDC
01/2019	Appendix	Performance Measures Appendix– removed	D	DCH

APPENDIX Q

2019 Recommendations for Preventive Pediatric Health Care

The Division will adopt the AAP 2019 Bright Futures "Recommendations for Pediatric Health Care" Periodicity Schedule effective date July1, 2019.

The schedule is available at https://www.aap.org/en-us/Documents/periodicity_schedule.pdf

The changes implemented in the 2019 schedule include the following footnote revisions. The following is a summary of changes:

BLOOD PRESSURE

- Footnote 6 has been updated to read as follows: "Screening should occur per 'Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents.' Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years."

ANEMIA

- Footnote 24 has been updated to read as follows: "Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter)."

LEAD

- Footnote 25 has been updated to read as follows: "For children at risk of lead exposure, see 'Prevention of Childhood Lead Toxicity' and 'Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention'."

2017 Recommendations for Preventive Pediatric Health Care

(Copyright © 2017 by the AAP, updated February 2017)

The Division adopted the AAP 2017 Bright Futures "Recommendations for Pediatric Health Care" Periodicity Schedule effective date July1, 2017.

The schedule is available at https://www.aap.org/en-us/documents/periodicity_schedule.pdf

The changes implemented in the 2017 schedule include numerous footnote revisions. The following is a summary of changes:

HEARING

- Timing and follow-up of the screening recommendations for hearing during the infancy visits have been delineated. Adolescent risk assessment has changed to screening once during each time period.
- Footnote 8 has been updated to read as follows: "Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per 'Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs' http://pediatrics.aappublications.org/content/120/4/898.full
- Footnote 9 has been added to read as follows: "Verify results as soon as possible, and follow up, as appropriate."
- Footnote 10 has been added to read as follows: "Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See 'The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies' http://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext

PSYCHOSOCIAL/BEHAVIORAL ASSESSMENT

- Footnote 13 has been added to read as follows: "This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See 'Promoting Optimal Development: Screening for Behavioral and Emotional Problems' (http://pediatrics.aappublications.org/content/135/2/384) and 'Poverty and Child Health in the United States' (http://pediatrics.aappublications.org/content/137/4/e20160339)."

APPENDIX Q

TOBACCO, ALCOHOL, OR DRUG USE ASSESSMENT

- The header was updated to be consistent with recommendations

DEPRESSION SCREENING

- Adolescent depression screening begins routinely at 12 years of age (to be consistent with recommendations of the US Preventive Services Task Force [USPSTF].

MATERNAL DEPRESSION SCREENING

- Screening for maternal depression at 1-, 2-, 4-, and 6-month visits has been added.
- Footnote 16 was added to read as follows: "Screening should occur per 'Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice' (http://pediatrics.aappublications.org/content/126/5/1032)."

NEWBORN BLOOD

- Timing and follow-up of the newborn blood screening recommendations have been delineated.
- Footnote 19 has been updated to read as follows: "Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Newborn Screening Panel https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html, as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf) establish the criteria for and coverage of newborn screening procedures and programs."
- Footnote 20 has been added to read as follows: "Verify results as soon as possible, and follow up, as appropriate."

NEWBORN BILIRUBIN

- Screening for bilirubin concentration at the newborn visit has been added.
- Footnote 21 has been added to read as follows: "Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See 'Hyperbilirubinemia in the Newborn Infant ≥35 Weeks' Gestation: An Update with Clarifications' (http://pediatrics.aappublications.org/content/124/4/1193)."

DYSLIPIDEMIA

- Screening for dyslipidemia has been updated to occur once between 9 and 11 years of age, and once between 17 and 21 years of age (to be consistent with guidelines of the National Heart, Lung, and Blood Institute).

SEXUALLY TRANSMITTED INFECTIONS

- Footnote 29 has been updated to read as follows: "Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases."

HIV

- A subheading has been added for the HIV universal recommendation to avoid confusion with STIs selective screening recommendation.
- Screening for HIV has been updated to occur once between 15 and 18 years of age (to be consistent with recommendations of the USPSTF).
- Footnote 30 has been added to read as follows: "Adolescents should be screened for HIV according to the USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually."

ORAL HEALTH

- Assessing for a dental home has been updated to occur at the 12-month and 18-month through 6-year visits. A subheading has been added for fluoride supplementation, with a recommendation from the 6-month through 12-month and 18-month through 16-year visits.
- Footnote 32 has been updated to read as follows: "Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment https://www.aap.org/en-us/Documents/oralhealth_RiskAssessmentTool.pdf and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See 'Maintaining and Improving the Oral Health of Young Children' (http://pediatrics.aappublications.org/content/134/6/1224
- Footnote 33 has been updated to read as follows: "Perform a risk assessment (http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf). See 'Maintaining and Improving the Oral Health of Young Children' (http://pediatrics.aappublications.org/content/134/6/1224)."
- Footnote 35 has been added to read as follows: "If primary water source is deficient in fluoride, consider oral fluoride supplementation. See 'Fluoride Use in Caries Prevention in the Primary Care Setting' (http://pediatrics.aappublications.org/content/134/3/626)."

2020 Immunization Schedules Changes & Guidance

Child Immunization Schedule Changes for 2020

https://www.cdc.gov/vaccines/schedules/hcp/schedule-changes.html

Haemophilus influenza type b vaccination

The **Hib** note was revised to indicate that catch-up vaccination is not recommended for previously unvaccinated children 5 years (60 months) or older who are not at high risk.

Hepatitis A vaccination

The **HepA** note was revised to include the recommendation that all children and adolescents 2 through 18 years of age who have not previously received hepatitis A vaccine should receive catch-up vaccination and complete a 2-dose series.

Hepatitis B vaccination

The "special situations" section of the **HepB** note contains information regarding populations for whom revaccination may be recommended.

Meningococal ACWY vaccination

Guidance regarding adolescent vaccination for children who received **MenACWY** prior to age 10 years has been added to the MenACWY note.

Meningococcal B vaccination

MenB booster doses are now recommended for persons aged ≥10 years with complement deficiency, those who use complement inhibitors, persons with asplenia, persons who are microbiologists, and persons determined by public health officials to be at increased risk during an outbreak. The MenB note has been updated to include a link to the detailed recommendations.

Poliovirus vaccination

Within the **poliovirus vaccination** note, detailed information has been added regarding which OPV doses may be counted toward the U.S. vaccination requirements.

Tdap vaccination

The **Tdap** note has been updated to allow either Td or Tdap, as an option for decennial tetanus booster doses and catch-up series doses in persons who have previously received Tdap. Additionally, the note has been edited to reflect recent updates to the clinical guidance for children 7 through 18 years of age who received doses of Tdap or DTaP at age 7 through 10 years. A dose of Tdap or DTaP administered at 10 years of age may now be counted as the adolescent Tdap booster. A dose of Tdap or DTaP administered at 7 through 9 years of age should not be counted as the adolescent dose, and Tdap should be administered at 11–12 years of age. The DTaP note has been updated to note that dose 5 is not necessary if dose 4 was administered at age 4 years or older AND at least 6 months after dose 3.

2020 Immunization Schedules Changes & Guidance

Adult Immunization Schedule Changes for 2020

https://www.cdc.gov/vaccines/schedules/hcp/schedule-changes.html

- In Table 1 the number of columns for age ranges has been reduced from five to four as the columns for ages 19-21 years and 22-26 years have been combined. This is due to the change made to recommended catch-up HPV vaccination for all adults through age 26 years.
- A blue color box has been added to the schedule, including a blue footnote key. These indicate that shared clinical decision-making is recommended regarding vaccination. This impacts HPV, pneumococcal conjugate vaccine (PCV13), and meningococcal rows.

Hepatitis A vaccination

The **HepA** note was revised to include minor changes to the chronic liver disease definition, minor changes for the pregnancy indication, addition of the recommendation for vaccination in settings of exposure, and removal of clotting factor disorders as an indication for HepA vaccination.

Hepatitis B vaccination

The **HepB** note was revised to include minor changes to the chronic liver disease definition and minor changes for the pregnancy indication.

Human papillomavirus vaccination

The **HPV** note was revised to indicate that HPV vaccination is recommended for all persons through age 26 years. A shared clinical decision-making subsection was added for persons 27-45 years.

Influenza vaccination

The **influenza** note has been updated to include a bulleted list indicating when LAIV should not be used and minor edits to the guidance for persons with a history of Guillain-Barré syndrome.

Measles, mumps, and rubella vaccination

The MMR note was revised to clarify recommendations for health care personnel, with a separate bullet for personnel born in 1957 or later with no evidence of immunity and for health care personnel born before 1957 with no evidence of immunity.

Meningococcal vaccination

The MenB note was revised to include the use of the complement inhibitor ravulizumab as a special situation for MenB administration. A shared clinical decision-making subsection was added that includes a bullet for adolescents and young adults age 16-23 years not at increased risk for meningococcal disease. Under the "Special situations" subsection, the recommendation was added to administer a booster dose of MenB 1 year after the primary series and revaccinate every 2-3 years if the risk remains.

Pneumococcal vaccination

The pneumococcal note has been updated to indicate the updated recommendations for vaccination of immunocompetent (defined in discussion as adults without an immunocompromising condition, CSF leak, or cochlear implants) adults 65 years and older. One dose of PPSV23 is still recommended. Shared clinical decision-making is recommended regarding administration of PCV13 to immunocompetent persons 65 years and older.

Tdap vaccination

The tetanus, diphtheria, and pertussis note has been updated to indicate that Td or Tdap may be used in situations where only Td vaccine is indicated for the decennial tetanus, diphtheria, and pertussis booster vaccination, tetanus prophylaxis for wound management, and catch-up vaccination.

Varicella vaccination

The **varicella** note has been updated to indicate that vaccination may be considered for persons with HIV without evidence of varicella immunity who have CD4 counts ≥200 cells/µL.

APPENDIX S

EPSDT Health Check Program (COS 600)
Reimbursement Rates for
Medicaid-Eligible Members &
PeachCare for Kids® (PCK)-Eligible Members

Physicians and physician extenders (physician assistants, nurse practitioners) are reimbursed at 100% of the established rates when billing the specified codes and modifiers for Health Check services rendered to Medicaid-eligible members and PCK-eligible members.

Physicians and physician extenders who are eligible for the House Bill (HB) Primary Care Providers (PCP) rate increases are reimbursed 100% of the established rates, when billing the specified codes and modifiers for Health Check services rendered to Medicaid-eligible and PCK-eligible members.

PCP Rate Increase	Fiscal Year	Effective Date
HB 76	FY 2016	eff. July 1, 2015
HB 751	FY 2017	eff. July 1, 2016
HB 44	FY 2018	eff. July 1, 2017

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Preventive Visit Codes	HIPAA Modifiers	Rates for Non-Attested Providers	HB 76 (eff. July 1, 2015)	HB 751 (eff. July 1, 2016)	HB 44 (eff. July 1, 2017)
99381	EP EP HA EP 25 EP HA 25	$67.38[1]		$106.68	
99391			$86.47	$96.08	
99382					$111.27
99392			$92.46	$102.74	
99383 (age 5-7 years)	EP EP 25	$67.38[1]			$116.19
99393 (age 5-7 years)			$92.17	$102.41	
99383 (age 8-11 years)	EP EP 25	$75.38 - private $55.38 – public health			$116.19
99393 (age 8-11 years)			$92.17	$102.41	
99384	EP EP 25	$75.38 - private $55.38 – public health			$131.62
99394			$101.03	$112.25	
99385	EP EP 25	$75.38 - private $55.38 – public health			$127.75
99395			$103.24	$114.71	

[1]This applies to non-attested private and public health providers.

When reporting the preventive visit codes with EP, EP 25, EP HA, EP HA 25 modifier(s), reimbursement is at 100% for physicians and mid-level providers (physician assistants, nurse practitioners).

APPENDIX S

EPSDT Health Check Program (COS 600)
Reimbursement Rates for
Medicaid-Eligible Members &
PeachCare for Kids® (PCK)-Eligible Members

Interperiodic Visit Codes & Modifiers (EP, EP 25)	Rates for Non-Attested Providers		HB 76 (eff. July 1, 2015)	HB 751 (eff. July 1, 2016)	HB 44 (eff. July 1, 2017)
	Medicaid-eligible members	PCK-eligible members			
99201	$35.13	$41.20			$41.30[1]
99202	$54.57	$71.16		$71.33 [1]	
99203	$76.33	$103.01		$103.80 [1]	
99211	$17.46	$17.46			$18.97 [2] $19.79 [3]
99212	$29.67	$41.54		$41.63 [1]	
99213	$40.70	$69.11	$63.14 [2]	$70.15 [1]	
99214	$62.71	$102.49		$103.72 [1]	
[1]This rate increase applies to Medicaid-eligible members and PeachCare for Kids®-eligible members. [2]This rate increase does not apply to PeachCare for Kids®-eligible members. [3]This rate increase does not apply to Medicaid-eligible members.					
When reporting the interperiodic visit codes with EP, EP 25 modifier(s), reimbursement is at 100% for physicians and mid-level providers (physician assistants, nurse practitioners)					

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Immunization Codes & Modifier (EP)	Rates for Non-Attested Providers		HB 751 (eff. July 1, 2016)		HB 44 (eff. July 1, 2017)	
	Medicaid-eligible members	PCK-eligible members	Medicaid-eligible members	PCK-eligible members	Medicaid-eligible members	PCK-eligible members
90460	$10.00	$18.50	$21.93	$21.93		
90471	$10.00	$18.50	$23.54	$23.54		
90472	$10.00	$18.50	$11.98	$18.50		
90473	$10.00	$18.50			$23.54	$23.54
90474	$10.00	$18.50			$11.98	$18.50
When reporting the immunization codes with EP modifier, reimbursement is at 100% for physicians and mid-level providers (physician assistants, nurse practitioners)						